EXHIBIT C

C250 16 10 /25 CW/7 Dac 9990	<u> </u>	110100 (19/09/11 15:	11:00 Pag	90 2 Ot 11	
, , , , , , , , , , , , , , , , , , ,	PRO	OF OF CLAIM	11.00 1 4	gc 2 01 11	
Name of Debtor USA COMMERCIAL	Case Nu	imber CABE NO			
MORTGAGE LO, ET AL	BK-5-	06-10725 NBR	[
	FHELL	10726-10727			
NOTE See Reverse for List of Debtors and Case Numbers					
This form should not be used to make a claim for an administrative ex arising after the commencement of the case A "request" for payment		Check box if you are aware that anyone else has			
administrative expense may be filed pursuant to 11 U S C § 503	. O. a	filed a proof of claim relating to your claim. Attach copy of			
Name of Creditor and Address		statement giving particulars			
1132124100225	53	Check box if you have			
ROBERT GEIGER & RUTH GEIGER 1352 MOUNT HOOD ST		never received any notices from the bankruptcy court or	DO NOT EU E TH	IIS PROOF OF CLAIM I	EOP A
LAS VEGAS NV 89110-1916		BMC Group in this case	SECURED INTE	REST IN A BORROWER	
		Check box if this address	ONE OF THE DE		m with the
	!	differs from the address on the envelope sent to you by the		ready filed a proof of clau t or BMC you do not nee	
Creditor Telephone Number 702 4525608		court	THIS SPAC	CE IS FOR COURT U	ISE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	ces	. Clast alours dote d	
CLIENT 10# 1685		if this claim amen		y filed claım dated	
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	☑ Unremitted prin	ncipal
Goods sold Personal injury/wrongful death	Wages,	salaries and compensation (Other claims ag	
Services performed Taxes	Last four	ع digits of your SS #	5520	(not for loan bal	ances)
Money loaned	Unpaid o	compensation for services per	rformed from	to	
2 DATE DEBT WAS INCURRED	12 IE C	OURT JUDGMENT, DATE O	PTAINED	(date)	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the				the time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$			our claim is secu	red by collateral (incli	udina
Check this box if a) there is no collateral or lien securing your claim or b exceeds the value of the property securing it, or if c) none or only part of y		a right of setoff)			9
entitled to priority		Brief description of	collateral		
UNSECURED PRIORITY CLAIM Check this how from home on unsecured slave, all or part of which is		Real Estate	Motor Vehicle	e 🔲 Other	***************************************
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ <i>i</i>	INK	
Amount entitled to priority \$		Amount of arrearage ar			cluded in
Specify the priority of the claim		secured claim, if any	75,000		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward			•
Wages, salaries or commissions (up to \$10 000)* earned within 180 days	s	services for personal family o			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go Other - Specify applicable para		• .,.,	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	ليبا	* Amounts are subject to adjus			ter
	·	with respect to cases commen			•
5 TOTAL AMOUNT OF CLAIM \$ \$		000 \$		_\$ 75,080	
(unsecured)	•	ecured)	(priority)	(Tot	•
Check this box if claim includes interest or other charges in addition to t	ne principal	amount of the claim Attach ite	mized statement o	of all interest or addition	al charges
6 CREDITS The amount of all payments on this claim has been cre					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security	<i>uments,</i> su	ich as promissory notes, pure	chase orders, inv	roices, itemized statei	ments of
DOCUMENTS If the documents are not available, explain If the				TOLIND CITICITAL	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	ne filing of y	our claim, enclose a stamped	d, self-addressed	d envelope and copy of	of this
The original of this completed proof of claim form must be ser				THIS SPACE FO	
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,				USE ON	LY
governmental units) BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO			
BMC Group Attn USACM Claims Docketing Center	BMC Grou	up			
P O Box 911	1330 East	.CM Claims Docketing Cente t Franklin Avenue	•		A A A A A A
El Segundo CA 90245-0911		do, CA 90245		FILED SEP	28 200
SIGN and print the name and title if any, of this claim (attach copy of power of atto		otner person authorized to file			
26 SEPT 06 Robert B Hein 59	ME	Chipu nos	HITOMS	USA	CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	ent for up to			10726	00329
•	-			10/20	

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANK	RUPTCY COURT	Dis	STRICT	OI Nevada				
Name of Dubtor							PROOF	OF CLAIM
USA COMMERICAL MORTGAGE COMPANY 06-10725-LBR								
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503								
debtor owes money or prop	on or other entity to whom the erry) AN UEL, TRUSTEE OF THE	l else	has file	f you are awar d a proof of cla Attach copy o	um relating to			
GILBERT MANL	AEL LIVING TRUST DATED 1/3/90	k - givi	ng partic	ulars		- 1		
GUBERT MA	otices should be sent VUEL		ices from	f you have nev the bankrupto				
4617 CONSTI ALBUQUEROUF Telephone number (50	TUTION AVE NE	Che	ck box 1	f the address di he envelope se		1	Trus Source a con-	Coron lle Cen
Last four digits of account of	5) 366 3183 or other number by which creditor		court ck here	replaces			THIS SPACE IS FOI	R COURT UST ONLY
identifies debtor	,		us claim		a previously f	filed c	aım dated	
1 Basis for Claim				tenree benefit				
Goods sold Services perform	ned		L	vages salaries ast four digits	of your SS #	#		W)
Money loaned Personal injury/	haranaful daath			Inpaid compe				
	EXHIBIT A		fi	rom(c	late)	_ to_	(date)	
		12	70	·			(Care)	
2 Date debt was incur	6-28-04	3	II COU	ırt judgment,	date obtain	ed		
4 Classification of Claim	n Check the appropriate box or boxes th	at best des	спве уо	ur claım and s	tate the amou	nt of t	he claim at th	e time case filed.
See reverse side for impounded Unsecured Nonpriority	Claum s 343374.30		(red Claim				
F 1	there is no collateral or lien securing your value of the property securing it or if c) i	r claim or	a righ	Check this boint of setoff)	x if your clain	n is sec	cured by collar	teral (including
only part of your claim is e	entitled to priority	HORE OF		Brief Descrip				
Unsecured Priority Claim Motor Ve							ther	
Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of concessor and other charges.							lad captudad in	
Amount of arrearage and other charges sectired claim if any \$3,613					3	LL_	ico included ili	
Specify the priority of the claim	ı		Up το \$	2 225* of dep	osits toward p	ourcha	se lease or re	ental of property
Domestic support oblig	rations under 11 USC \$ 507(a)(1)(A) or	· —	§ 507(a					I
Wages salaries, or com	missions (up to \$10 000) * earned within the debtors petition or cessation of the debtors.	180		r penalties ow: Specify applic				C § 507(a)(8)
Dustriess whichever is earne	7 11 0 3 C 8 307(a)(4)	¥An	nounts a	re subject to a	diusimeni on	4/1/07	and every 3 v	ears thereafter
Contributions to an em	nployee benefit plan - 1! U.S.C § 507(a))(5)	uith res	pect to cases o	commenced of	n or af	ter the date of	l adjustment
_	aim at Time Case Filed	_	(unsecu	<i>37430 25</i>	ecured)	(prio	ntv)	374 30 (Total)
Check this box if claim interest or additional ch	includes interest or other charges in add arges	lition to th	e princip	pal amount of	the claim Att	tach ite	mized statem	ent of all
6. Credits The amount	t of all payments on this claim has been	credited a	nd dedu	cted for the pi	irpose of	This	SPACE IS FOR C	OURT USI ONLY
making this proof of claus 7 Supporting Document	ts Attach copies of supporting docume	ents such :	as promi	ssory notes n	urchase			1
orders invoices itemized	d statements of running accounts contra	cts court	udemen	ts mortgages	security F	l FI	MAL.	1 0 20
documents are not availa	the of perfection of lien DO NOT SENI able explain If the documents are volume	D ORIGIN	VAL DO	CUMENTS :	If the	[J - 07 11 1	
8 Date-Stamped Copy	To receive an acknowledgment of the fil	ing of you	r claim	enclose a stan	iped self			İ
	copy of this proof of claim	ha auc 4.4				Ì		ł
file t	and print the name and title if any, of the his claim (attach copy of power of attor then manuel, Irustee	ney if any	or ather	r person autho	rized to			
	LBERT MANUEL, T	RUST	EE					

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3571



					_
UNITED STATES BANKRUPTCY COURT	Ds	TRICT	OF <u>NEVA</u>	PA	PROOF OF CLAIM
Name of Debior USA COMMERCIAL MORTGAGE Co.		Case Number 06-10725			
NOTE: This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRA HAM FAMILY TRUST OH 10/34/78	cise you givi	has filed claum ng portic	_	elating to ternent	
Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	note case Che addi the	es from ck box if ess on the	you have never re the bankruptcy co the address differ the envelope sent to	ourt in this from the	THIS SPACE IS FOR COURT USE OM Y
Last four digits of account or other number by which creditor identifies debtor			☐ replaces ☐ amends a pro	eviously filed	i claim dated
1 Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ NEGLICENCE & FRAUD	ECURCO 4			d compensat your SS # _ non for servi	
2. Date debt was incurred JAN 1, 2005 To APRIL 12, 2006	3.	If cou	rt judgment, dat	e obtained	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	or claim, or none or which is or a 180 or *An	Amore security Up to \$ 507(a Taxes of Other - mounts as with res	Check this box if it of setoff) Brief Description Real Estate Value of Collaters ant of arrearage and claim, if any 2.225* of deposits ces for personal, fin)(7) r penalties owed to Specify applicable re subject to adjust spect to cases consisted.	of Collateral Motor V at \$ d other charg toward purcumity, or hou government paragraph of	secured by collateral (including lethicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	\$	503	<i>808</i> rad) (secur	red) (p	503808 (Total)
 Check this box if claim includes interest or other charges in additional charges. 	dition to th	e buucil			
Credits: The amount of all payments on this claim has been making this proof of claim Supporting Documents. Attach copies of supporting documents.					THE SPACE IS FOR COURT US ONLY
orders invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing a section of the final statement of th	acts, court TO ORIGIT minous, at ling of you the creditor mey if any	yudgmer NAL DC ach a su ir claim, or othe	nts, mortgages, sec DCUMENTS If the mmary enclose a stamped r person authorize AR #1980	turity ne L, self-	D DEC 0 7 2006
	9774 F	or .	CLAIMAN	<u>/- </u>	USA CMC

The State Bases Course	Diem		- Novede		
United States Bankruptcy Court	DISTR	ac i O	Nevada		PROOF OF CLAIM
Name of Dichtor USA COMMERCIAL MORTGAGE COMPANY 06-10725-LBR					
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the			ou are aware that		
debtor owes money or property)			proof of claim re ttach copy of state		
KAY J, HART AN UNMARRIED WOMAN	giving	particu	ars		
Name and address where notices should be sent			ou have never rec he bankruptcy cou		
VAY THART	notice	o trout i	нь ранкторису соц	ge in tillo	
455MAGNOLIA AUG	- Immed		he address differs		
FAIRHOPE, AL 36532 Telephone number 251-929-3298	addres		envelope sent to	you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check		replaces	warrel et. 3	alaım datad
identifies debtor 389/	if this				claim dated
1 Basis for Claim					USC § 1114(a)
Goods sold Services performed	L		iges salaries, and st four digits of y		on (fill out below)
Money loaned			paid compensation		ces performed
Personal injury/wrongful death		fro	m	to	
Taxes SEE EXILIBIT A			(date)		(date)
2 Date debt was incurred. 3-07-2005	3.	If cour	t Judgment, date	obtained	
4 Classification of Claim Check the appropriate box or boxes th	at best desor	ibe von	claim and state t	he amount o	f the claim at the time case filed
See reverse side for important explanations	i		ed Claim	,	where we saw them were that
Unsecured Nonpriority Claim \$ 303, 105,58	l	177		Our claim in	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	r claim, or	a right	of setoff)	om Ciziffi IS	secured by consicial (including
only part of your claim is entitled to priority	MOIR OI		Brief Description of		:
Unsecured Priority Claim		3		3	ehicle Other
Check this box if you have an unsecured claim all or part of which is					(NOWN
entitled to priority		Amou	nt of arrearage and dictaim if any \$	other charge	es at time case filed included in
Amount entitled to priority \$	L				
Specify the priority of the claim	ہر لیسا	p to \$2	,225* of deposits the story personal factors	toward purch	hase, lease, or rental of property schold use - 11 U S C
Domestic support obligations under 11 U S C § 507(a)(1)(A) c (a)(1)(B)	ж — §	507(a)	(7)		
Wages salaries or commissions (up to \$10,000) * earned with	n 180		•	-	al units - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 U S C § 507(a)(4)	ors 📋 C				f U S C § 507(a)()
					07 and every 3 years thereafter after the date of adjustment
Contributions to an employee benefit plan - 11 USC \$ 507(a) 5. Total Amount of Claim at Time Case Filed)()				
	-	N96 (unscoure	d) (secure	d) (pr	nonty) (Total)
Check this box if claim includes interest or other charges in additional charges					itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim	credited and	l deduc	ed for the purpose	of T	HIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents. Attach copies of supporting documents.	ents, such as	promis	sory notes, purcha	se I	
orders invoices itemized statements of running accounts contra	acts court ju-	dgment	s, mortgages, secu	rity	
agreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are voluments are voluments.					. 4 6507
Bate-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim.	umous, attac ling of vour	ara sun claim e	unary nclose a stamped	seell th	JAN 11 2007
					*** · · ·
Date Sign and print the name and title, if any, of t	he creditor o	r other	person authorized	to	
of 10-2007 file this claim (attach copy of power of attor	mcy if any)			1	
Km i Klast					USA CMC
Penalty for presenting fraudulent claims Fine of up to \$500 000 or	ımprısonmer	t for m	to 5 years or bot	th 1811S	
1 /	•	1			1072502049

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	TRICT C	I Nevada	PROOF OF CLAIM	
Name of Dubtor	PROOF OF CLAIM				
USA Commercial Mortgage Comper		l			
NOTF This form should not be used to make a claim for an admini				ગ	1
of the case. A request for payment of an administrative expense ma	ay be filed	pursuant l	to 11 USC § 503		
Name of Creditor (The person or other entity to whom the			you are aware that anyone		
dubtor ower money or property) Edwin L Hausley Jr Trustee for the Edwin Lowe 11 Hausley Jr Living Trustdated 1/3/92			a proof of claim relating t Attach copy of statement	0	
the Eduin Lowe Il Haysler, Ar		ng particu			
Name and address where notices should be sent			you have never received a		l
Edwini Hauster J. Trustee toil Constitution Ave NE	noti		the bankruptcy court in the	nis	1
Albuquerque, NM 87110			the address differs from the	ne l	ĺ
Telephone number (505) 266-3183		ress on th court	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor		ck here	replaces		1
identifies debtor	ıf th	us claım	amends a previously	filed claim dated	1
1 Basis for Claim		R	euree benefits as defined	ın 11 USC § 1114(a)	1
Goods sold			ages, salaries and compo		1
Services performed			ast four digits of your SS apaid compensation for a		1
Money loaned Personal injury/wrongful death				ŕ	I
Taxes See Exh, b, + A		11	om(date)	to (date)	1
Other 200 - No. 10 1 F			·		4
2 Date debt was incurred	3.	If cou	rt judgment, date obtai	ned	1
6-28-04					1
4 Classification of Claim Check the appropriate box or boxes to See reverse side for important explanations	hat best des	-		ount of the claim at the time case filed	1
Unsecured Nonpriority Claim \$ 243, 374,30			ed Claim -		
Check this box if a) there is no collateral or tien securing you	ur claim oi	l M	Check this box if your cla t of setoff)	im is secured by collateral (including	İ
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or				
		1 1	Brief Description of Colla Real Estate Mo	iteral tor Vehicle Other	
Unsecured Priority Claim		'	ı Lı	unknown	1
Check this box if you have an unsecured claim all or part of entitled to priority	which is	1		charges at time case filed included in	Ì
Amount entitled to priority \$		secure	ed claim if any \$_3/	613 21	}
• • •		L			1
Specify the priority of the claim	Ц			l purchase lease or rental of property or household use - 11 USC	İ
Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	or	§ 507(a			
	∐	Taxes or	r penalties owed to govern	nmental units 11 USC § 507(a)(8)	
Wages salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 USC \$ 507(a)(4)	otor s			aph of 11 USC § 507(a)()	1
in .		mounts at	re subject to adjustment of	n 4/1/07 and every 3 years thereafter on or after the date of udiustment.	
Contributions to an employee benefit plan - 11 U.S.C. § 507(, , , , , , , , , , , , , , , , , , , ,		1
5 Total Amount of Claim at Time Case Filed	1	(Unsécu	14.3 243.3743 red) (secured)		1
Check this box if claim includes interest or other charges in ac interest or additional charges	idition to ti			(priority) (Total) Attach itemized statement of all	
6. Credits The amount of all payments on this claim has bee	n credited	and dedu	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY	1
making this proof of claim			_		1
7 Supporting Documents: Attach copies of supporting documents of running accounts, continuing accounts, continuing accounts.					
agreements and evidence of perfection of hen DO NOT SE					1
documents are not available explain. If the documents are voli					ł
8 Date Stamped Copy To receive an acknowledgment of the	filing of yo	ur Claim	enclose a stamped self-		
addressed envelope and copy of this proof of claim.				FILED JAN	h n 2
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atte	orney if an	v)	1	FILED JAN	"
1-08-07 Edw n & Javeler,		Trus	,t=e]
Edwin L Hausle	r, Jr	Tu	rustee		
					-

Penalty for presenting fraudulent claim. Fine of up to: \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.



FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Diez	RICT O	F Nevada		
			· ITETAMA	=	PROOF OF CLAIM
Name of Debtor US A Commercial Mertcace Com. Case Number 06-10725-LBR					
USA Commercial Mortcace Con					
NOTF This form should not be used to make a claim for an administ of the case. A 'request' for payment of an administrative expense ma				ent	
or the same or respect for payment or an administrative expense in	-, 11101 }				
Name of Creditor (The person or other entity to whom the			you are aware that anyon		
dubtor owes money or property)			a proof of claim relating attach copy of statement		
Helms Homes LLC		g particu			
Nam			you have never received the bankruptcy court in		
Terry Helms	case		are pariarupicy court in	แนง	
809 Čipland Blvd. Las Vegas NV 89107 3719			the address differs from		
Telephone number 70 2 258 1044		ess on the court.	e envelope sent to you by	y	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		k here	replaces		
identifies debtor	ıf th	s claım	amends a previous	ly filed	claim dated
1 Bass for Claim		R	etiree benefits as define	d in 11	USC. § 1114(a)
Goods sold			ages salaries and com		on (fill out below)
Services performed Money loaned			ast four digits of your S npaid compensation for		ces performed
Personal injury/wrongful death		_	o m	to	
Taxes See Exhibit A		•••	(date)	••	(date)
	3.	36 000	rt judgment, date obt	almod	
2. Date debt was incurred	3.	II COU	rt Judgment, date obc	HIEC	
4 Classification of Claim. Check the appropriate box or boxes ti	hat best des	cabe voi	er claim and state the an	nount o	f the claum at the time case filed
See reverse side for important explanations.	Dost (dos		ed Claim	iouni o	the classic at the time was title
Unsecured Nonpriority Claim \$6,348,967,22		1 m			. The Manual Call
Check this box if a) there is no collateral or lien securing you	ur claım, or	a righ	Check this box if your c t of setoff)	laim is	secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	none or	1	Brief Description of Co	llstersi	
Unsecured Priority Claim		• .	~ / ~		ehicle Other
Check this box if you have an unsecured claim all or part of	which is		Value of Collateral \$		// L
entitled to priority	WILLEL 18	Amou	int of arrearage and other	r charg	es at time case filed included in
Amount entitled to priority \$		secure	ed claim, if any \$8	1196	6.81
Specify the priority of the claim		Up to \$	2.225* of denoests town	rd nerro	hase lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A)	- L	or service	ces for personal family		
(a)(1)(B)	or [7	§ 507(a			
Wages salaries, or commissions (up to \$10 000) * carned with	ıın 180 ∐		-		tal units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier 11 U S C § 507(a)(4)	otor's 🛄		• • • • •		of 11 USC § 507(a)() 707 and every 3 years thereafter
Contributions to an employee benefit plan 11 U S C. § 507(or and every 5 years thereafter after the dote of adjustment.
5 Total Amount of Claim at Time Case Filed	-/\U/ A	340	06722 / 240 047	22	634894722
		(unacciu	10/1 (secured)	(D	nority) (Total)
Check this box if claim includes interest or other charges in ad interest or additional charges.	idition to th	e princip	al amount of the claim	Attach	itemized statement of all
6. Credits The amount of all payments on this claim has bee	n credited o	nd dedi-	cted for the number of	T:	Nam ()
making this proof of claim	wantar s	nic Acad	ceer for the butbose of	1	HES SPACE IS FOR COURT USE ONLY
7 Supporting Documents: Attach copies of supporting documents	nents, such	as promi	ssory notes, purchase	1	
orders invoices itemized statements of running accounts, conti	racts, court	judgmen	its, mortgages, securit	u to	JAN 1 2 2007
agreements and evidence of perfection of lien DO NOT SEI	ND ORIGI	NAL DO		"LT"	JAN I & LUU/
documents are not available, explain if the documents are volu				į	
Date-Stamped Copy To receive an acknowledgment of the saddressed envelope and copy of this proof of claim			-	· }	
Date Sign and print the name and tule, if any, of file, this claim (attach copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of power of attach to the copy of the copy of power of attach to the copy of the copy of the copy of power of attach to the copy of the copy of power of attach to the copy of the copy of the copy of the copy of the copy of power of attach to the copy of t	the credito	r or othe	r person authorized to		
file this claim (attach copy of power of atto	omey, if any	1/2.	A . 40 / 0		LICA CMC
1/11/07/2	., //	. sin	5 = 0	ł	USA CMC
lews Helms		Mar.	14081	ı	

FORM B10 (Official Form 10) (10/05)				
UNITED STAILS BANKRUPTCY COURT	Dist	RICT O	F Nevada	PROOF OF CLAIM
Name of Diction USA Commercial Mortgage Company	06		125-LBR	
NOTH This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense m	istrative expenses	nse arīsī ursuant i	ng after the commencement to 11 USC § 503	
	Chec	k box if	you are aware that anyone	
Name of Creditor (The person or other entity to whom the debtor ower money or property). Jack R. Clark and Linda C. Reid, Mishand and wife, as joint tenants with right of survivorship	else your	nas filed claim A g particu	a proof of claim relating to Attach copy of statement lars	
Name and address where notices should be sent Tack R. Clark and Linda C. Reid	notic		you have never received at the bankruptcy court in thi	
9900 Wilhur May Pkwy #4701 Reno, NV 89521-3089 Telephone number 775-853-4754	addr		the address differs from the e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	•	k here s claım	replaces amends a previously	filed claim dated
1 Basis for Claim Goods sold		Ηw	etiree benefits as defined in lages salaries and compe ast four digits of your SS	nsation (fill out below)
Services performed Money loaned			npaid compensation for s	
Personal injury/wrongful death Taxes See Exhibit A		fre	om(date)	to (date)
2. Date debt was incurred May 2004	3.	If cou	rt judgment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes t	hat best desc	enbe vou	r claim and state the amou	ont of the claim at the time case filed
See reverse side for important explanations		-	red Claim	
Unsecured Nonpriority Claim \$ 891,016.03 Check this box if a) there is no collateral or lien securing yo b) your claim exceeds the value of the property securing it or if c)	ur claim or none or	a right	Check this box if your clair tof setoff)	m is secured by collateral (including
only part of your claim is entitled to priority Unsecured Priority Claim			Brief Description of Collaid Real Estate Moto	
Check this box if you have an unsecured claim all or part of entitled to priority	which is		Value of Collateral \$_i	
Amount entitled to priority \$		secure	ed claim if any \$ 11, 8	harges <u>at time case filed</u> included in
Specify the priority of the claim		Up to \$2	2,225* of deposits toward personal family or	purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	or	§ 507(a))(7)	
Wages salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb	ın 180 🖂			mental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)()
business whichever is earlier - 11 U S C \ 507(a)(4)	*Am	ounts ar	e subject to adjustment on	4/1/07 and every 3 years thereafter in or after the date of adjustment
Contributions to an employee benefit plan - 11 U S C § 507(Total Amount of Claim at Time Case Filed	a)(3)		6.03_891.016_03	891.016.03
Check this box if claim includes interest or other charges in ad interest or additional charges.		(unsecur	ed) (secured)	(priority) (Total)
6 Credits The amount of all payments on this claim has bee	n credited a	nd deduc	eted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim 7 Supporting Documents Attach copies of supporting docum	nents, such a	s promis	ssory notes purchase	1001 1 1 2007
orders invoices itemized statements of running accounts contra agreements, and evidence of perfection of lien DO NOT SEI	racts court j	udgment	ts mortgages security	D JEN II COO.
documents are not available explain. If the documents are volu	uminous atta	ich a sur	nmary	
8 Date-Stamped Copy To receive an acknowledgment of the f addressed envelope and copy of this proof of claim			•	
Date Sign and print the name and title if any of file this claim (attach copy of power of attach	nmev if anv	1	_	
110101 A rah R Cont	-Xu	rda	C Reid	USA CMC

Caso 06 10725 gwz Doc 8896-3	Ente	ered 08/09/11 15·11	L:00 Page	9 of 11	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS	 S:
Name of Debtor:	Case Nu	ımber:	Schedule/Claim II		
USA Commercial Mortgage Company	USA Commercial Mortgage Company 06-107		Amount/Classifica	ation	
	00 101	. 20-2011	\$12,951.80 Unsec	cured	
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exp			CILED N	NOV 1 0 2006	
arising after the commencement of the case. A "request" for payment	oense of an	Check box if you are aware that anyone else has		·O · I · · · · · · · · · · · · · · · · ·	
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of	The amounts reflect	cted above constitute your claim as	ŝ
Name of Creditor and Address: 1132124000 JAY E HENMAN RETIREMENT PLAN	01028	statement giving particulars. Check box if you have	scheduled by the D you agree with the other claim against	Pebtor or pursuant to a filed claim. amounts set forth herein, and have the Debtor, you do not need to file	if e no
C/O JAY E HENMAN TRUSTEE		never received any notices	i	EXCEPT as stated below.	
1023 RIDGEVIEW CT CARSON CITY, NV 89705-8054		from the bankruptcy court or BMC Group in this case.	Unliquidated or Di	own above are listed as Conting isputed, a proof of claim must be	ent, e
		Check box if this address	filed.	eady filed a proof of claim with the	
		differs from the address on the envelope sent to you by the	Bankruptcy Court	or BMC, you do not need to file aga	ain.
Creditor Telephone Number (77) 721-0156		court.	THIS SPAC	E IS FOR COURT USE ONL	.Y
Last four digits of account or other number by which creditor identifies of	debtor:	Check here replac	a proviously	filed claim dated:	
		if this claim amen		med ciaim dated.	_
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree b	enefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal	
The second injury/mongial dealing	Wages, s	salaries, and compensation (fill out below)	Other claims against ser	vice
Services performed Taxes Money loaned Other (describe briefly)		digits of your SS #:		(not for loan balances)	
Other (describe briefly)	Unpaid c	ompensation for services pe	rformed from:	to	-
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED.	(date) (date)	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that be	oest describ	e your claim and state the amour	nt of the claim at the	time case filed.	
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if: a) there is no collateral or lien securing your claim, or b) yo	nur claim	Check this box if yo	our claim is secur	ed by collateral (including	
exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.	claim is	a right of setoff).			
UNSECURED PRIORITY CLAIM		Brief description of			
Check this box if you have an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other	
entitled to priority.		Value of Collateral:	\$		
Amount entitled to priority \$		Amount of arrearage ar	d other charges	at time case filed included in	
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		secured claim, if any:			
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	Ц	Up to \$2,225* of deposits towar services for personal, family, or	rd purchase, lease, o	or rental of property or	
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to gov			
business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable parag			
Gont and an employee benefit plan - 11 0.5.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commend	ment on 4/1/07 and	every 3 years thereafter	
5. TOTAL AMOUNT OF CLAIM \$	747,2	43 \$	co on or aner the de	\$	
AT TIME CASE FILED: (unsecured)		ecured)	(priority)	(Total)	_
Check this box if claim includes interest or other charges in addition to the	principal a	mount of the claim. Attach iter	nized statement of	all interest or additional charges	
6. CREDITS: The amount of all payments on this claim has been credi	ited and d	educted for the purpose of m	aking this proof o	of claim.	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents.	ments suc	h as promissory notes inurc	hase orders invo	ione itemized statements of	
running accounts, contracts, court judgments, mortgages, security at DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain.	areements	s. and evidence of perfection	of lien DO NO	T SEND ORIGINAL	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	filing of yo	our claim, enclose a stamped	l, self-addressed	envelope and copy of this	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5:00 pm,	prevailing	Pacific time, on November	er 13 2006	THIS SPACE FOR COURT	F
for each person or entity (including individuals, partnerships, co	orporation	ns, joint ventures, trusts ar	nd	KILET:	
BY MAIL TO:	BY HAND O	R OVERNIGHT DELIVERY TO:			
Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center				NOV 10 2006	
P. O. BOX 911 1	330 East	Franklin Avenue 5, CA 90245		2	
DATE SIGN and print the name and title, if any, of the c	reditor or of			USA CMC	
11-9-06 this claim (attach copy of power of attorney	y, if any):	01	, A		
gray of formand soustie			ment Has	1072501212	
Penalty for presenting fraudulers claim is a fine of up to \$500,000 or imprisonment to	or up to 5 ye	ears, or both. 18 U.S.C. §§ 152	AND 3571		

FORM B10 (Official For	n 10) (10/05)				
UNITED STATES BAT	PROOF OF CLAIM				
Name of Debtor USA Commercial	arme of Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR				
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U S C § 503					
debtor owes money or pr	erson or other entity to whom the operty) ast dated February 17, 1998	else you		aware that anyone of claim relating to opy of statement	
Name and address where c/o Scott D Fleming Es Hale Lane Peek Denniso 3930 Howard Hughes Pa Las Vegas Nevada 8916	q n and Howard ırkway 4th Floor	Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court			
Telephone number: 702	-222 2500				THIS SPACE IS FOR COURT USE ONLY
	nt or other number by which creditor count ID 308	Check if this		replaces a pro amends	eviously filed claim, dated
1 Basis for Claim ☐ Goods sold ☐ Retiree benefits as defined in 11 U S C § ☐ Services performed ☐ Wages, salaries and compensations (fill of Last four digits of SS #					ut below)
2 Date debt was incur	rred See Attachment A	3 If	court judgment		
1	arm. Check the appropriate box or boxes tha important explanations	t best des	scribe your claim		f the claim at the time case filed
a) Check this box if a) the	Claim \$Unknown (see Attachment A) here is no collateral or lien securing your clai ne value of the property securing it, or if c) no s entitled to priority		a right of setof Brief Desc	f) ription of Collateral	cured by collateral (including
entitled to priority	ou have an unsecured claim, all or part of wh	ich is	Value of C	Collateral \$earage and other charge	es at time case filed included in
1 —	•	•	☐ Up to \$2 2	25* of deposits toward for personal family or	purchase lease or rental of property household use — 11 U S C
days before filing of the bankruptcy petition or cessation of the debtors *Amounts are subject			subject to adjustment o	mental units 11 U S C § 507(a)(8) f 4/1/07 and every 3 years thereafter or after the date of adjustment	
Contributions to an	employee benefit plan — 11 U S C § 507(a)(5)			
5 Total Amount of Cla	aim at Time Case Filed		\$ Unknow (unsecured		(priority) \$ Unknown (Total)
Check this box if clai interest or additional	m includes interest or other charges in additi charges	on to the	•	, ,	4 ,
making this proof of Supporting Docum- orders invoices item agreements and evid documents are not av Bate-Stamped Cop	nt of all payments on this claim has been credictarm ents Attach copies of supporting documents. mized statements of running accounts contracted ence of perfection of lien DO NOT SEND vailable explain. If the documents are volumly To receive an acknowledgement of the fill and copy of this proof of claim.	such as ets court ORIGIN unous a	promissory note judgments mort AL DOCUMEN ttach a summary	es purchase legages security TS If the	THIS SPACE IS FOR COURT USE ONLY FILED NOV 10 2006
Date Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) November 9 2006 /s/ Scott D Fleming Esq				USA CMC	
1	1				10/2501242